

Declaration for Nomination and Oath of Candidacy

و لا	Filed this 27 day of April	20 21
3 8	Document #	
FOR FI	Fee Paid: cash check	Credit
E 9	Ву:	
	Deputy or Filing Officer	

outh of candidacy	- 5	Ву:	
		Deputy or Filing Officer	
DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF ST	TATE OR COUNTY ELECTION AD	MINISTRATOR AS APPLICABLE	
Filing for OFILL HBORHOOD COUNCIL 7	49		
Full name of office including district and/or department numbers if		e of Political Party	Nonpartisan
•		the transfer of the street of	
Candidate Name (printed exactly as it should appear on the ballot):	BERNARD D	ANISHEFSKY	
2 2 2 4 4 4 1			~ 4.5
Mailing Address: 2204 4774 AVES, Street or PO Box		IREATTALLS	39905
Street or PO Box	City	/ r	ZIP .
Street or PO Box Residence Address: 2204 4174 AVES. Street		REATTALLS	59905
County of Residence: CASCADE Home	e/Mobile Phone: 729-	2933 Work Phone:	NONE
Email Address: BDANISHNC9@YAHOO. COM	/ Website Address:/	NONE	
	- Construction States - States		
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLET	TE THE FOLLOWING INFORMATI	ION	
Lieutenant Governor Name (printed exactly as it should appear on the	e ballot):		
Mailing Address:	Residence Address:		
Phone: Email Address:			
IF THIS DECLARATION IS FOR THE STATE LEGISLATURE , YOU MUST SELECT ON	E OF THE FOLLOWING:		
(a) I hereby affirm that I am either a resident of the county in whi		tains one or more legislative dis	tricts, or of the
legislative district if it contains all or parts of more than one co	unty, OR		
X (b) I hereby affirm that I will meet the residency qualification(s) in		eding the general election and t	will notify the office
of the Secretary of State in writing when I qualify or if I do not FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:	qualify.		
Candidate Filing Fee, if applicable, in the amount of \$ \(\sum / A \)	is hereby submitte	d with this Declaration and Oatl	h of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTA			
I hereby affirm that I possess, or will possess within constitutional and	nd statutory deadlines, the	qualifications prescribed by the	Constitution and laws
the United States and the State of Montana.	_	. / /	
Low Danly		3/11/21	
Signature of Candidate	Date	<u> </u>	
NOTARY PUBLIC OR AUTHORIZED OFFICER			
State of Montana County of CASCADE			
Signed and sworn to before me this 11 day of MARC	14 20 21 h	& BERNARD DAN	ISHFFSKY
		Printed Name of Ca	
Where to file for Federal, Statewide,		^ \	27 C C C C C C C C C C C C C C C C C C C
State District and Legislative offices: Montana Secretary of State			
State Capitol, 2 nd Floor, Room 260	Signature o	of Notary or Public Official	
PO Box 202801		DOLLAN HE	TINE
Helena, MT 59620-2801 Online: sos mt gov		Printed Name of Nota	
	JOCLYN HOTINE NOTARY PUBLIC for the		
TATALAN AND AND AND AND AND AND AND AND AND A	Chate of Montana	ř.	State of MONTANA
most Local District offices: SEAL PROS	iding at Great Falls Montana My Commission Expires	Residing at: CAREF	AT FALLS
Tourist Election Office	October 16, 2023		
A list of county election offices may	ATICTABAR	My commission expire	es:05, 16, 20 23

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Declaration for Nomination and

FILING E ONLY	Filed this day of	.20
	Document #	
OR FI	Fee paid: cash check	credit
7 P	By:	
	Deputy or Filing Officer	

Oath of Cano	lidacy APR 22	2021 By:_	paid: cash check Deputy or Filing Officer	credit
DECLARATION AND OATH OF CANDIDACY TO BE	FILED WITH SECRETARY OF STATE OF	Ы		
Filing for	10 T		1	A./
office of: NEIGHBORHOOD Co	OUNCIL # 9 ct and/or department numbers if appl	icable Name of D	olitical Party	OR Nonpartisan
ruii name of office including distri		1 11 0 0		
Candidate Name (printed exactly as it sho	uld appear on the ballot):	REN M GRA	У	
Mailing Address		City and State		Zip Code
2300 8th AVE S		GREAT FALLS	MT	59405
Residence Address		City and State		Zip Code
2300 8th AVE S		GREAT FALLS	MT	59405
County of Residence Cont	act Phone Email Add	dress	Website Address	
210010		REAINT OCHARTER		
011 OCA 02 1700	100 2010 OKATIT	NOTALL BENTALOR	(·NEI	
IF THIS DECLARATION IS FOR THE OFFICE OF GO	VERNOR, YOU MUST COMPLETE THE F	OLLOWING INFORMATION:		The second of the later of the second
Lieutenant Governor Name (printed exact	y as it should appear on the ballot):		
Mailing Address:		Residence Address:	E 8 1	
Phone: Email	Address:		Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGISL		E FOLLOWING:		
(a) I hereby affirm that I am either a relegislative district if it contains all o (b) I hereby affirm that I will meet the of the Secretary of State in writing	r parts of more than one county, C residency qualification(s) in (a)abo	DR ove for 6 months preceding		
FILING FEE – FEE MUST BE PAID BEFORE FILING	IS VALID:			
Candidate Filing Fee, if applicable, in th	e amount of \$	is hereby submitted w	ith this Declaration and Oath o	f Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN I hereby affirm that I possess, or will poss the United States and the State of Monta	ess within constitutional and stat			stitution and laws of
NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana				
County of Cascade	J. , , , , , ,		/) .
Signed and sworn to before me this	16 day of March	20 <u>> 1</u> by 7	saren WI. X	ray.
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6 th Ave 2 nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023	* Notarial * Res	Signature of Nota HEIDI HARDEN Notary Public for the State of Montana iding at GREAT FALLS, MT My Commission Expires	Printed Name of Notary Public for the State	1.01
Where to file County, City and most Local District offices: County Election Office A list of county election offices may be found at: sosmt.gov/elections	[SEAL/STA	January 4, 2022	My commission expires:	Jan. 4,2022



Filed thisday of	,20
Document # Fee paid:	credit
By:	
	Document # Fee paid:

Oath of Candida	nov	Fee paid: cash	check credit
Oath of Candida	MAY 1 0 2021	Deputy or Filing Of	ficer
DECLARATION AND OATH OF CANDIDACY TO BE FILE	D WITH SECRETARY OF STATE OR COUNT	Y ELECTION ADMINISTRATOR AS APPLICA	ABLE
Filling for office of: NEIGH DORRESCORE Full name of office including district and	F 00 101	Name of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it should a	ppear on the ballot): 500	TT MIRANTI	
Mailing Address	City a	and State	Zip Code
2711 4th AUESO.		GF MT	59405
Residence Address	City a	and State	Zip Code
SAME			
County of Residence Contact P	hone Email Address	Websit	te Address
CASCAVE 4061	1251631 SCOTT MIX	coult & Gin Pel Com	
IF THIS DECLARATION IS FOR THE OFFICE OF GOVERN	OR, YOU MUST COMPLETE THE FOLLOWI	NG INFORMATION:	
Lieutenant Governor Name (printed exactly as i	it should appear on the ballot):		
Mailing Address:	Resid	ence Address:	
Phone: Email Addr	ress:	Website Addres	s:
IF THIS DECLARATION IS FOR THE STATE LEGISLATUR	E, YOU MUST SELECT ONE OF THE FOLLOW	WING:	
I hereby affirm that I am either a reside. Jegislative district if it contains all or par I hereby affirm that I will meet the reside of the Secretary of State in writing when	ts of more than one county, OR lency qualification(s) in (a)above for 6 I qualify or if I do not qualify.		
FILING FEE – FEE MUST BE PAID BEFORE FILING IS VAI Candidate Filing Fee, if applicable, in the am		ereby submitted with this Declaration	on and Oath of Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIGN IN TH		•	
the United States and the State of Mantana. Signature of Candidate			ed by the Constitution and laws of
NOTARY PUBLIC OR AUTHORIZED OFFICER State of Montana			
County of Cosco Signed and sworn to before me this 10	_day of	od by Scott N	
Where to file Federal, Statewide, State District and Legislative offices: Montana Secretary of State P.O. Box 202801 State Capitol Building, 1301 E. 6 th Ave 2 nd Floor, Room 260 Helena, MT 59620 Online: sosmt.gov/elections/filing/ Fax: 406-444-2023 Where to file County, City and most Local District offices: County Election Office	MARIE ELLEN JOI NOTARY PUBLIC State of Montana My Commission E February 21, 2	for the ana t Falls, Notary Public Expires Residing at:	e of Notary Public
A list of county election offices may be found at: sosmt.gov/elections	[SEAL/STAMP]		

MARIE ELLEN JOHNSON NOTARY PUBLIC for the State of Montane Residing at Jonath Falls. Montane M. Commission Expires February 21, 2022



OR FILING	Filed this day of	,20
	Document #Fee paid:	credit
- 6	By: Deputy or Filing Officer	

Declaration	TOT NOTHINALION	alle V E E B	Fee paid: cash check	credit
Oath of Can	ididacy A	PR 3 0 2021	By:	
DECLARATION AND OATH OF CANDIDACY TO	BE FILED WITH SECRETARY OF S	TATE OR COUNTY ELECTION ADM	MINISTRATOR AS APPLICABLE	
Filing for office of: Meighborhood	BY:		e of Political Party	OR Nonpartisan
Candidate Name (printed exactly as it sh	hould appear on the ballot):	Shannon	R. Wilson	
Mailing Address		City and State		Zip Code
PO BOX 102		Great F	-alls, MT	59403
Residence Address	11 -	City and State	- //	Zip Code
1201 6th Aue So. 3	# 7	Great to	alls, MT	59405
		nail Address	Website Address	
Cascade	06-750-1390 N	nontanametalgirl@g	imail.com	
IF THIS DECLARATION IS FOR THE OFFICE OF C	GOVERNOR, YOU MUST COMPLE	TE THE FOLLOWING INFORMATI	ON:	
Lieutenant Governor Name (printed example)	ctly as it should appear on th	e ballot):		
Mailing Address:		Residence Address:		
Phone: Ema	ail Address:		Website Address:	
IF THIS DECLARATION IS FOR THE STATE LEGIS	SLATURE, YOU MUST SELECT ON	E OF THE FOLLOWING:		
(a) I hereby affirm that I am either a legislative district if it contains all			tains one or more legislative districts,	, or of the
(b) I hereby affirm that I will meet the			eding the general election and will no	otify the office
of the Secretary of State in writing FILING FEE – FEE MUST BE PAID BEFORE FILIN		qualify.		
Candidate Filing Fee, if applicable, in	the amount of \$	is hereby submitt	ted with this Declaration and Oath of	Candidacy.
OATH OF CANDIDACY - CANDIDATE MUST SIG				
I hereby affirm that I possess, or will post the United States and the State of Mont		nd statutory deadlines, the q	qualifications prescribed by the Cons	titution and laws of
Shannon	R. Wys	h 2	9 Apr 2021	
Signature of Candidate		Date		
NOTARY PUBLIC OR AUTHORIZED OFFICER				
State of Montana County of Cascade				
Signed and sworn to before me this 2	9 th day of April	20 21 a by	Shannon W	ilson.
Where to file Federal, Statewide,		//	Printed Name of Candidate	
State District and Legislative offices:		1/1/2	dettation	
Montana Secretary of State P.O. Box 202801		Signature of	f Notary or Public Official	
State Capitol Building, 1301 E. 6 th Ave			Licola Ibil	La
2 nd Floor, Room 260 Helena, MT 59620			Printed Name of Notary Pub	olic
Online: sosmt.gov/elections/filing/ Fax: 406-444-2023	HOTARIA.	NICOLE HOLLY NOTARY PUBLIC for the	Notary Public for the State of	of uontana
Where to file County, City and most	SEAL	State of Montana Residing at Great Falls,	Residing at: Great F	
Local District offices: County Election Office		Montana My Commission Expires		
A list of county election offices may be	OF NO.	May 20, 2023	My commission expires: 5	, 20 23
found at: sosmt.gov/elections	[JLM	L/STAIVIP]		

N COLE HOLL:
Stars of Sentana
-lasiding at Grant Falls.
Montans
Wy Commission Explication
'day 20, 2023

